PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

1662-39200

			(Column 1)		(Column 2)		• 1	TYPE		OR SMALL ENTITY		
TOTAL CLAIMS			35			:	I	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			ろう minus 20=		. 15		ſ	X\$ 9=		OR	X\$18=	१७
INDEPENDENT CLAIMS			7 minus 3 =		-	4		X40=		OR	X80=	3 20
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	270
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	L	TOTAL		OR	TOTAL/	1300
1	C	LAIMS AS A	MENDED - PART II					,		_	OTHER	
,		(Column 1)		(Colur		(Column 3)		SMALL E	ENTITY	OR	. ,4	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		ŘĄTE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	Ī	X\$ 9=		OR	X̂\$18 =	1
	Independent	•	Minus	***		=	t	X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	405		2.5	070	;
						L	+135= TOTAL		OR	+270= TOTAL		
				•				DDIT. FEE		OR ,	ADDIT. FEE	
	(Column 1) (Column 2) (Column CLAIMS HIGHEST						_			.`		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDENI	CLAIM			+135=		OR	+270=	-
							L	TOTAL			TOTAL	
. •							Α	DDIT. FEE		OR	ADDIT. FEE	
Γ.		(Column 1) CLAIMS	1	(Colur		(Column 3)	۱ _					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï
AME	Independent	*	Minus	***		=		X40=	·	OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		▎├			UN		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					r four	nd in the app	ropriate box	c in col	umn 1.	